

the judge, at his discretion, or making it his duty, to call in expert testimony, and

Resolved, That the members of this society hereby pledge themselves to give earnest support to such legislation, especially asking such physicians as are members of the Legislature to work for such a measure, and

Resolved, That the secretary of the society submit our invitation to the State Bar Association to co-operate with us in our efforts to procure the enactment of some such legislation.

A second resolution, looking to the better care of the feeble minded by the establishment of a separate institution for their benefit, was adopted as follows:

Whereas, Statistics establish that about one person in every 600 is feeble minded, carrying with it the features of dependence and burden, and

Whereas, The present system of placing such persons among the insane for care and treatment is obstructive, unkind and unjust, and

Whereas, The estimated population of Oregon is 450,000, which would contribute about 700 to be classed as feeble minded, demanding humane care and education, therefore be it

Resolved, That the Oregon State Medical Association favor the establishment of a separate institution for the caring of the feeble minded in this state, as profitable, legitimate and humane, and recommend such action at the next session of the Legislature. Respectfully submitted,

W. T. WILLIAMSON,
WOODS HUTCHINSON,
HARRY LANE,
J. ALLEN GILBERT,
C. J. SMITH.

SAN JOAQUIN VALLEY MEDICAL SOCIETY.

SIXTEENTH SESSION.

Reported by PHILIP MILLS JONES, M. D.

The 16th semi-annual session of the Valley Society was called to order by the President, Dr. J. D. Davidson, at the Hughes Hotel, on the morning of the 13th of October. The attendance was very satisfactory, though the members present thought the society should have a larger number of the physicians in the eight counties which it embraces, upon roster. This matter was touched upon by the president in his address, and he also emphasized the absence of squabbles, fights, etc., in the society; harmony had characterized its meetings from the very first. The roll call was dispensed with, and after reading the minutes of the last session, the following committees were appointed: Censors, Drs. R. E. L. Morton, W. E. Lilley and W. W. Cross; Finance, Drs. H. W. Taggart, P. N. Russel and J. L. McClelland; Ethics, Drs. A. B. Cowan and E. C. Dunn.

Applications for membership were received from Drs. E. S. O'Brien, Merced; A. H. Wallace, P. Manson, Fresno; W. Whittington, Dinuba; T. Feemster, Porterville; J. G. Thompson, Oakdale; A. M. Smith, Merced; T. M. Semple, Fresno. These applications were referred to the censors, who later reported favorably upon all except Dr. Whittington's name; the others were elected.

A new constitution and by-laws was read and adopted. It is along the lines of the American Medical Association recommendations, admitting to membership all reputable licensed physicians who do not practice sectarian medicine, and who belong to the county society of the county in which they practice, if there be such society. Under "new business," Dr. J. L. Carson, of Bakersfield, brought up the question of fees for life insurance examinations. He called attention to the fact that the society passed a resolution some three years ago, requiring its members to make no examinations for a less fee than \$5.00. He said that many of the "old line" companies, like the New York Life and the Equitable, would not pay more than \$3; doctors examining for them should charge the full fee and should insist on get-

ting it, or refuse to do the work. Dr. Trowbridge said he had had much experience in this matter, and that while it was true that the resolution did exist, it was not lived up to by some members of the society, and he thought it better to remove the requirement rather than to discipline members for violating it. He moved to rescind the resolution; motion seconded. Dr. Carson said the doctors could do much if they made a strong fight; he thought that personally he had made it cost the New York Life more than the amount it would have spent had it paid him the fee he demanded, \$5, and which it would not pay. Dr. Hildreth, Delano, thought that the resolution should stand; doctors were entitled to at least the compensation of \$5 for making a thorough examination. Dr. E. C. Dunn said that he insisted on the \$5 fee, but he thought it better to rescind the rule than to deal with the members who did not desire to live up to it. The motion to rescind was lost by a vote of 9 to 6. On motion, the president was instructed to appoint a committee of three members to draw up and present to the State Society a resolution setting forth the condition of affairs and asking the aid and co-operation of the State Society in securing proper action by these insurance companies. Motion was carried unanimously and the chair appointed Drs. G. A. Hare, A. B. Cowan and J. R. Walker. Dr. Hildreth asked the committee to see that the matter was duly presented and considered by the State Society, for that organization could do very much toward securing proper action by the companies referred to. The society then adjourned to meet at 1:30 P. M.

The first paper of the session was read by Dr. R. E. Bering, on "Hyoscin Hydrobromate as a Specific for the Cure of Morphin and Whiskey Habits." He said that he had been using the drug for some two years and the results were astonishing; he thought the time would come when there would be State institutions for the treatment of the victims of these habits by this method. No matter how much a victim to the habit the individual, he could be absolutely cured by this treatment, properly administered, in a short time. He accentuated the necessity for its proper administration, however, for unless it was done properly it would result in no permanent result. The patient must first be thoroughly cleaned out, removing all possibility of autoinfection; the room in which he is to be confined during treatment should have no superfluous furniture, and should be dark; it is well to have the windows barred, and a trained nurse, competent to handle the patient must be in constant attendance. The physician administering the treatment must be near at hand and study the patient from hour to hour, not trusting to any nurse to administer the drug. He begins with 1-100th of a grain every hour hypodermatically and continues until the full physiologic effect of the drug has been reached. This is indicated by the flushed face, wild delirium, excessive dilation of the pupils, etc. When this stage has been reached the drug should be given in just sufficient amount to keep up the physiologic effect for 48 hours in the case of alcoholics and 72 hours with morphin victims. The amount will vary with the individual, but will not be more than 1-100th grain and probably will be less; some patients were kept under on 1-300th grain every two or three hours. The first treatment will probably scare the physician, for the delirium induced is very great. When the patient comes out from the influence of the drug he is offered whiskey, and if this is accepted by the patient the hyoscin is again administered for another 24 hours. Sweating is profuse and patients should have plenty of water. They come out from the drug in about six hours and then the general condition needs

attention. The stomach has been affected by the past habit, and careful light feeding should be the rule for some time. He gave a summary of six patients who had been treated after this manner, in all of which cases the recovery was prompt and the cure decided.

In discussing the paper, Dr. W. T. Barr said that he had not tried the treatment on morphin users, but he had with alcoholics, and so far as he knew they were all cured. In his opinion, however, the treatment was too severe; the patients came out from the treatment with shattered nervous system and did not seem to regain perfect health; this he thought might be due either to the habit or to the treatment. The after-treatment was essential and the patients must be built up with tonics, etc. The treatment is very vexatious for the general practitioner, for it practically takes up all his time; he must be in constant attendance on the patient. The delirium is far worse than that of delirium tremens, and generally scares the physician pretty thoroughly. It certainly will straighten out any case of alcoholism in 48 hours, however. Dr. W. N. Sherman asked for further information as to the subsequent history of the patients treated by Dr. Bering. Dr. Bering replied that they were all chronic drunks of the worst sort when treated, but that none of them had relapsed; some were treated so long as two years ago. He said he could guarantee to cure, no matter how bad the habit might be. Some of his patients went into saloons on business, but had no desire to touch alcohol after the treatment. Dr. Hildreth asked whether there was known to be any constitutional effect tending to shorten life. He thought any treatment so very harsh would be apt to have a very great constitutional effect. Cutting off the alcohol might have an injurious effect. He cited two men, one 59 and the other 64 years of age who voluntarily stopped drinking; they both died within 18 months. Dr. Cross asked what were the counterindications to the treatment. What patients would be regarded as unfavorable ones for this treatment? It is new to the public and they would not be apt to forgive any untoward result from a thing so new. Would a bad condition of the kidneys, for instance, counterindicate the treatment? Dr. Bering replied that he had recently read of a patient with Bright's having successfully taken the treatment and he thought if properly given there was no danger and no contraindication. But the treatment must be adapted to the particular patient. The discussion became more or less general, Drs. Cowan, Cross, Bering and Barr participating, and referring to one or two cases of complications where the result had not been satisfactory or the patient had died within a few months afterward. Dr. Hildreth suggested that when these patients come to the doctor they are in bad condition and it is not easy to tell what their normal condition would be. Dr. Pedlar said that he had observed two patients who had been given the treatment and that they were both nervous wrecks afterward; both relapsed and said they did not experience any lessening in their desire for alcohol. This might have been due to improper administration of the treatment, however. One patient referred to in the discussion as having died after the treatment died of pulmonary edema; he had had asthma for years. Dr. Barr mentioned two or three successful cases and said that the success of the treatment depended upon the manner of its administration; the doctor must be constantly at hand. In closing Dr. Bering said that it was most important for the physician to thoroughly understand the physiologic action of the drug and to use it so as to keep the patient under its full influence for the time required. If it is administered properly and intelli-

gently he thought it would always be found absolutely successful.

Dr. J. L. McClelland, of Los Banos, read a "Report of a Diphtheria Epidemic" which occurred in a district where no diphtheria had appeared for many years, and where the doctors had consequently had no experience with antitoxin. The first patient seen was a hunter, and the diagnosis was not made at once. Later a membrane appeared and the diagnosis was made. It was a severe attack and a consultant was called in. The attendant urged the use of antitoxin, but the consultant objected; said he had heard very bad reports of the use of the serum, and thought it too dangerous. Sores on the hands and body were affected and membrane appeared upon them; the patient died. His dog seemed to have developed the disease and was killed. He considered this man's death was due to the influence of one of the rank medical journals published in the Middle West, in which various articles attacking the use of antitoxin had appeared, and had been read by the consultant. The second case occurred two or three days later, in a boy of 4; it was a severe attack of the laryngeal variety. The attendant physician wanted to use antitoxin, but the mother objected; she had heard the other doctor speak unfavorably of it. Iron and carbolic acid were used, but the patient died at the end of 34 hours. Another child in the same family developed the disease and antitoxin was used; it recovered so quickly that the attendant rather doubted the diagnosis. The first patient seen by Dr. McClelland had a temperature of 104 degrees, and was given 1000 units; the following day another similar dose was given; the patient later recovered. The next case was severe; no membrane appeared for several days and the diagnosis was doubted; the patient grew worse and 1000 units were injected into the gluteal muscles. The child was so sick they prepared for intubation, the following day was better; 1000 units more were given and the patient slowly recovered. He mentioned other similar cases, but all recovered under antitoxin. In all there were 80 cases, of which number 5 patients died. Two of these deaths were patients who had not received any antitoxin, and one was a little child who died at the time the antitoxin was injected into the arm; the disease was far advanced and death may have been due to too sudden entrance of the serum into the circulation. He referred to the difficulty of the country practitioner in making diagnosis; he could not wait for a culture to be made, even if the proper apparatus were at hand. Something must be done at once, and as antitoxin could do no harm it should be used in every suspicious case. He wondered that no harm had been done in using the antitoxin, for no aseptic methods were employed by some doctors. One man would pour out the serum into a spoon, fill his ordinary hypodermic with the serum, inject it, and then refill it and inject the second half. Once the syringe did not work properly so he poured it back into the spoon, fixed the syringe and tried again. He thought 1000 units should be used first, and then if more was needed it could be given.

In discussing the paper Dr. Hayden said that Fresno had gone through the same experience since he came there; it was certainly true that at first there was opposition, but after it had been tried there was none. He thought 1000 units too small a dose. He had given 3000 units to a 3-year-old child; it seemed to be perfectly harmless, and enough to do the work should be given. The main thing was to use it early, and give enough. He considered it of the utmost importance to keep the patient in bed for two or three weeks in severe cases, for otherwise the patient's heart might give out suddenly. We

should anticipate these heart failure cases by using strychnin and by keeping the patients in bed. Dr. Hildreth thought that if larger doses of antitoxin had been used the danger of heart failure would have been greatly reduced. Dr. Trowbridge said he thought the diagnosis of tonsillitis was often made when the case was one of diphtheria. Mild cases he considered rather commoner than generally believed, and the existence of paralysis following what had been considered tonsillitis he regarded as indicating a mistaken diagnosis. He referred to one such case which was followed by what strongly simulated tabes; but on treatment the paralysis disappeared. He considered the dose used by the writer too small; large doses should be used first. Dr. Moor considered early administration of sufficient quantity of serum the all-important thing; enough should be given at once to have a decided effect. No other treatment is necessary. Dr. H. W. Taggart mentioned the occurrence of a case in a family of eight children. The boy had been treated by a Chinese doctor for sore throat, and when seen had a temperature of 104 degrees, and there was membrane in the throat. 2000 units were given at once; six hours later a second 2000 units were given, and in 48 hours the child was well. The rest of the family received prophylactic doses of from 500 to 2000 units each and no other case of diphtheria developed. Dr. Walker spoke of an epidemic of 38 cases of the disease; it was checked by free use of prophylactic injections. One patient of his, a girl of 16, had a severe attack, but recovered; she was ordered to keep to the bed, but insisted on getting up to go to stool. She walked half way across the room and dropped dead from heart failure. Dr. Dunn asked what the diagnostic symptoms were that indicated the presence of diphtheria and the necessity for serum? In the practice of the country physician it is impossible, generally, to get cultures made in time to do any good. Should serum be used in every suspicious case, or were any general diagnostic symptoms recognized. Dr. Bering thought it best to use the serum in any suspicious case; it could do no harm and might save the patient's life. He would use it as one uses iodid of potassium in cases of suspected syphilis where the diagnosis cannot be absolutely made. Dr. Manson thought the disease was first a local affection with a spot located in the throat, and that often local treatment would be advantageous. He referred to the old days when persulphite of iron was used to dissolve the membrane, under the belief that it would prevent the absorption of the disease from the membrane. Dr. McClelland spoke of the general symptoms and thought it impossible to make an absolute diagnosis in some cases very early. The antitoxin should be used if the case is suspicious, but a small amount should be first given. There was no necessity of using 2000 units if 500 would suffice. The expense is quite an item and must be considered. He thought it better to consider tonsillitis-diphtheria and use serum, than to call diphtheria tonsillitis and possibly have the patient die. In some cases where a prophylactic dose had been given, he observed that the patient later had a very mild attack of the disease. Dr. Cross considered Dr. Dunn's question as important as that of the size dose to be given. The first point was never to make the mistake of not considering croup diphtheria; the temperature might be low, but the diagnosis should always be suspected. We should take no chances and should give serum at once and in large doses. Where the membrane formed in the trachea or larynx the diagnosis might be hard to make for a couple of days; but the general symptoms should lead one to suspect the trouble pretty early. Membrane on the tonsils, gray or yellowish gray, was diagnostic, and membrane

on the uvula he considered absolutely diagnostic. The first cases occurring in an epidemic are generally not severe and often are not recognized; this may account for the spread of the disease. A large amount of a weak culture or a small amount of a powerful culture would in either case produce profound results. He considered the cause of sudden death from heart failure due to an acute fatty degeneration of the heart muscle. He thought local treatment bad, for it only agitated the patients and did no good. Dr. Hare thought that need not be made; tonsillitis should not be confounded with diphtheria and if the diagnosis could not be made, antitoxin should be used anyhow. In many cases it is impossible to make a certain and early diagnosis without cultures, but in such cases the serum should be given. He reported the observation of 8 cases of the disease which had been contracted from a cat. All had from 1000 to 3000 units and recovered. The benefit of the doubt should always go to the patient's favor and the antitoxin should be used. Dr. Davidson agreed with Drs. Cross and Hare in believing that the serum should be used early and in sufficient quantities. Small doses he considered nearly useless and he referred to the paper of Dr. Burrows printed in the *STATE JOURNAL*, in which the use of from 7000 to 48000 units was reported. Dr. W. N. Sherman mentioned the change in sentiment on this question, as indicated by the present discussion compared with one on a similar paper to which he referred, some years ago. Dr. McClelland, in closing, said that the thing was to give enough antitoxin; if a small dose was enough, all right; if not, give a larger dose.

The paper by Dr. W. W. Cross on "The Practical Value of the State Medical Law" was the next one. This, together with the discussion on it, will be found in this issue of the *JOURNAL*, page 363.

Dr. W. E. Lilley read the next paper, entitled "Uric Acid in Its Relations to Bodily Ailments." He thought that much light could be thrown upon many questions by a careful study of the uric acid question in the domestic economy. A certain amount of the acid is eliminated and a large amount may be stored up, being liberated subsequently and when not expected. Thus a patient might be on a uric acid-free diet, and yet have a sudden increase in the uric acid due to liberation of some that had been stored away in the liver. If one could eliminate the uric acid and keep out the uric acid synthins these conditions might be greatly relieved. He cited a case of uric acid headache which had persisted for years, yet which was entirely cured by a properly regulated diet and careful attention to bowels and feeding. After a time all the stored uric acid was eliminated and the headaches entirely ceased. Dr. Dunn, in discussing the paper, said that Dr. Lilley seemed to have covered the ground pretty thoroughly. He thought that a better knowledge of uric acid formation would be of very great aid in the treatment of a large number of ailments. Dr. Lilley said that the main point he wished to bring out was a consideration of this question of storing up uric acid, and its liberation when least expected. It seems to be taken up out of the blood and stored in the liver or spleen.

At the evening session Dr. J. R. Walker read his paper on "The Care of the Eyes During School Life." He made a careful review of the work that had been done on the examination of the eyes of school children, and emphasized the necessity for examinations in every school. The increase of myopia in school children, in this country, had now been clearly demonstrated, and it should receive the careful consideration of every physician. Every child should have its eyes examined on entering school, and should be carefully looked after in this particular; dull or backward pupils should be sent to an

oculist for a thorough examination. The prejudice against glasses seems to be fading and it could be largely combatted by the general practitioner. Dr. Trowbridge, in discussion, said that the subject might be a dry one to the general practitioner, but it was not to the oculist, who observed the rapid increase in eye troubles in school children. The Germans are a myopic race, owing to the many generations of hard study; we are rapidly increasing in the matter of myopia in school children, and it should be guarded against. He warned against sending children to an optician and mentioned the fact that in some states the opticians were compelled to send all patients for whom they could not get 20-20ths, to an oculist for proper examination. The position of the pupil must also be considered and congestion avoided. Many cases of hypermetropia could not be detected unless the children were examined by a specialist, so he thought the work should be done by one properly trained and not left to the teacher. Dr. Hare thought we were rapidly reaching the point where there would have to be a physician inspector for each school, and thus secure properly and carefully looking after the health as well as the eyes of pupils. Children should be well looked after in order to make good healthy men and good citizens. A gross error of refraction might exist for years and handicap a child, when by finding and correcting it the child would more rapidly and completely develop. In closing Dr. Walker said that hypermetropia would be found in most cases if the apparently dull or backward children were watched and carefully examined. The teacher could do much, but a doctor was certainly a better examiner. Dr. Dunn asked if Dr. Walker thought the present curriculum was too hard for the normal eye. Dr. Walker thought that this was often the case.

Dr. Trowbridge exhibited two patients who had subacute glaucoma. In both cases a good free iridectomy.

An invitation was extended for the Society to meet at Tulare at its next meeting. The invitation was accepted.

On motion, it was decided that hereafter one-half of all expenses of any entertainments furnished the Society should be paid from the society treasury.

The following officers were then elected: President, Dr. Moor, of Hanford; 1st Vice-President, Dr. Bering, of Tulare; 2nd Vice-President, Dr. Taggart, of Stockton; 3rd Vice-President, Dr. Phillips, of Kingsburg; Treasurer, Dr. J. M. Hayden. On motion the Society then adjourned to meet the second Tuesday in March, 1904, at Tulare.

Following the evening session the members and guests gathered in the dining-room of the Hughes Hotel, where an excellent banquet was served, tendered to the Society by the Fresno County Medical Society. Dr. E. C. Dunn acted as toast master and the evening passed very pleasantly.

OTHER SOCIETY MEETINGS.

Fresno County.

The regular monthly meeting of the Fresno County Medical Society was held on October 6, at the office of Dr. P. N. Russell, the president, Dr. E. J. Couey, in the chair.

On roll call the following members responded to their names: Drs. Aiken, Couey, Hayden, Wallace, Melchonian, Nicholson, Steinwand, J. L. Maupin, Dunn, A. D. Wilson, Morrison, W. F. Maupin, Manson, Gebhart, Pedlar, J. R. Walker, Russell, Hare and Rowell.

After the reading of the minutes the following resolution was introduced and adopted: "Knowing that the indiscriminate and illegal sale of morphine,

cocaine and other dangerous substances is notoriously conducted by some of our local druggists, be it, by the Fresno County Medical Society,

Resolved, That we unqualifiedly condemn such indiscriminate and illegal sale of such poisons; and be it further

Resolved, That this Society hereby calls the attention of the Board of Health of Fresno city to this matter, respectfully requesting said board to use its official efforts to curtail or abolish such illegal practices;

Resolved, That a copy of these resolutions be officially transmitted to said Board of Health by the secretary of this society."

It appears that there are one or more drug stores in Fresno that are notorious for their non-observance of the law relating to the sale of these poisons, and it is the endeavor of the society to put a stop to this promiscuous sale of morphine and other drugs to the fiends.

In the matter of James Gerow, an unlicensed practitioner of Laton, the committee of ethics, heretofore instructed to investigate the matter, reported that it was the intention of Dr. Gerow to go before the Board of Examiners in December, and until that time the committee recommended that no action be taken. A motion to this effect carried.

On motion of Dr. G. A. Hare, duly seconded, it was unanimously carried that the STATE JOURNAL be made the official organ of this society.

The paper of the evening was entitled "Gastric Ulcer," and was prepared and presented by Dr. E. C. Dunn. It proved to be a subject of much interest and was generously discussed. The paper was sent to the publication committee of the STATE JOURNAL.

After the payment of dues and adjournment an unusually dainty repast, with refreshments was partaken of, Host Russell proving himself a past master of the art of entertaining his fellow practitioners.

ANGUS B. COWAN, Sec'y.

Humboldt County.

The regular meeting of the Humboldt County Medical Society was held in Eureka Tuesday, October 13, with a good attendance. Regarding the matter of Dr. Nelson of Hydesville, practising without a license, the District Attorney reported that he had communicated with the State Board of Examiners and with Dr. Nelson. The State Board reported that Dr. Nelson would have to make the necessary application for examination at the next meeting of the Board and file his diploma, and must appear for examination at the next meeting. This Dr. Nelson agreed to do.

The fee bill was taken up and part of it was gone over and discussed; the balance was left for another meeting.

The paper of the evening was read by Dr. A. Miller of Ferndale, entitled "A Report of Six Cases of Achlorhydria," which will be published in an early issue of the STATE JOURNAL.

G. N. DRYSDALE, Secretary.

Los Angeles County.

The Los Angeles County Medical Association met at Blanchard Hall on the evening of October 2, there being about 30 members present.

The paper of the evening was a report by Dr. E. R. Smith of Los Angeles, on the following subjects: 1. "A Case of Aneurism of the Aorta, Treated by Wire." 2. "A Case of Infected Wound of the Hand by a Bite from a Child Suffering with Diphtheria." 3. "Case in which a Bullet was Located Near the Spine by the X-Ray."

In the first case about 50 feet of soft iron wire was